

## ALCOHOL CERTIFICATE

City: [ ]

Date of Seizure: [ ]

Arresting Officer: [ ]

Defendant: [ ]

Date of Submission: { DATE \@ "M/d/yyyy" }

Submitting Officer: [ ]

To The Department of Public Health:

I send you herewith a sample of liquid contained in a [ ] taken from alcoholic beverages seized on [ ].

Please ascertain the percentage of alcohol it contains, and return to me this certificate herewith upon the annexed form.

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Submitting Officer

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF PUBLIC HEALTH  
State Laboratory Institute  
Western Mass Public Health Center  
Amherst, MA 01003

Date: [ ]

This is to certify that the sample of liquid received by this department with the above statement and analyzed by me contains [ ] % of alcohol by volume.

Lab Number: [ ]

Date of Analysis: [ ]

Analyst [ ]

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Analyst